UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7-20-05 2 Serial/Patent # 10/5/9847					
3 Please refund the following fee(s):			APER UMBER	5 DATE FILED	6 AMOUNT
V	Filing				\$ 100
	Amendment				\$
	Extension of Time				\$
Notice of Appeal/Appeal					\$
Petition					\$
	Issue				\$
	Cert of Correction/Terminal Disc	c.			\$
	Maintenance				\$
	Assignment				\$
	0ther				\$
			7 TOTAL AMOUNT OF REFUND \$ 100		
		8 7	8 TO BE REFUNDED BY:		
10 REASON:			Treasury Check		
V	Overpayment		_] _	Credit Dep	osit A/C #:
	Duplicate Payment		9		
	No Fee Due (Explanation):				
Credit Card Retund					
A DEGRAD DEGREE DV					
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: John Anderson TITLE: Paraleyal Specialist					
TYPED/PRINTED NAME: John Anderson TITLE: Paraleyal Specialist SIGNATURE: Phone: 348-9140 ext 211					
OFFICE: Pa do /Eo					

THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B